

PTO/SB/08A

INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT

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|       |   |    |   |                     |          |
|-------|---|----|---|---------------------|----------|
| Sheet | 1 | of | 2 | Attorney Docket No. | KDY 9497 |
|-------|---|----|---|---------------------|----------|

## Complete if Known

|                      |                    |
|----------------------|--------------------|
| Application Number   | 10/706,190         |
| Filing Date          | November 12, 2003  |
| Confirmation Number  | 5982               |
| First Named Inventor | William R. Kennedy |
| Group Art Unit       | 3677               |
| Examiner Name        | Not Yet Assigned   |

## U.S. PATENT DOCUMENTS

| Examiner Initials* | Cite N <sup>o</sup> . <sup>1</sup> | U.S. Patent Document |                                      | Name of Patentee or Applicant of Cited Document | Date of Publication of Cited Document<br>MM-DD-YYYY |
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| Examiner Signature |  | Date Considered | 6/24/05 |
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Unique citation designation number. <sup>2</sup>See attached Kinds of U.S. Patent Documents. <sup>3</sup>Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup>For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup>Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup>Applicant is to place a check mark here if English language Translation is attached or place an "A" here if English language abstract is attached..

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|--------------------|----------------------|-----------------|---------|
| Examiner Signature | <i>Michael F. Dr</i> | Date Considered | 6/24/05 |
|--------------------|----------------------|-----------------|---------|

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